

TC 21

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

1. NAME OF RESPONDENT Tammy Kolesar	2. PHONE NO. (HOME) (WORK) 918-429-0015 none
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3. STREET ADDRESS 1401 E. Kiowa	4. CITY McAlester	STATE ZIP CODE OK 74501
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5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Baking dish with meat inside was in oven set at 350 degrees for 20 minutes when it shattered into 4" long pieces to slivers; consumer opened oven door and glass propelled into kitchen and landed in a 3' radius. Consumer turned off oven and could still hear glass pieces shattering inside oven for an hour after the incident.
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6. DATE OF INCIDENTS 11/2/96	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
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9. DESCRIPTION OF PRODUCT 11" x 9" glass baking dish	10. BRAND NAME Anchor Hocking
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Anchor Hocking Glass Co. P.O. Box 600 Lancaster, OH 73130-0600 unknown unknown	12. MODEL, SERIAL NUMBERS unknown 13. DEALER'S NAME, ADDRESS & PHONE Walmart unknown McAlester, OK 00000 unknown
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1996 AGE 6 mos. 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE		
20. DATE RECEIVED 11/05/96	21. RECEIVED BY (NAME & OFFICE) dec/HL No Comments made Comments attached Decisions/Revisions Firm has not requested further notes	22. DOCUMENT NO. H96B0026A
23. FOLLOW-UP ACTION	24. PRODUCT CODE(S) 0461 14866	
25. DISTRIBUTION	ENDORSER'S NAME & TITLE CCH 11/5/1996	

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H96B0026A

Narrative Continued

11/5/96 Consumer called and explained incident to dealer's rep. (name unknown), who told consumer to call manufacturer.

CPSC Source: TEL

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If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Tammy Kolesar 11-11-96
Signature Date

☐

I request that you do not release my name.

☐

You may release my name to the manufacturer but I request that you not release it to the general public.

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You may release my name to the manufacturer and to the public.

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